



Bureau of Automotive Repair

Inspection and Maintenance—Fleets

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## GOVERNMENT FLEET SMOG CHECK PROGRAM ANNUAL REPORTING TRANSMITTAL

PLEASE COMPLETE AND RETURN THIS FORM TO THE BUREAU OF AUTOMOTIVE REPAIR

**THIS ANNUAL REPORTING TRANSMITTAL IS DUE BEFORE DECEMBER 31 OF EVERY YEAR.**

Agency: \_\_\_\_\_

BAR File Number: \_\_\_\_\_

Department: \_\_\_\_\_

Division: \_\_\_\_\_

Unit: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

RME: \_\_\_\_\_ Phone: \_\_\_\_\_

### BAR USE ONLY

Date Received: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Entered by: \_\_\_\_\_

**ODD VIN NUMBERED VEHICLES:** must be inspected and reported in ODD calendar years.**EVEN VIN NUMBERED VEHICLES:** must be inspected and reported in EVEN calendar years.

(Agencies without vehicles to report should enter 0 for Number Owned for that calendar year.)

**ANNUAL REPORTING OPTION:** (See Instructions on reverse.)

### ENTER YOUR AGENCY'S TOTAL NUMBER OF AFFECTED VEHICLES HERE:

An "affected vehicle" is any gasoline or alternate fuel powered vehicle model year 1976 and newer.

(Vehicles 6 years old and newer do not require testing, but must be included in the total number of affected/owned vehicles.)

#### ODD VIN VEHICLES

Number Owned: \_\_\_\_\_

Number Tested: \_\_\_\_\_

Number Passed: \_\_\_\_\_

Number 6yr old/newer: \_\_\_\_\_

For Calendar Year: \_\_\_\_\_

#### EVEN VIN VEHICLES

Number Owned: \_\_\_\_\_

Number Tested: \_\_\_\_\_

Number Passed: \_\_\_\_\_

Number 6yr old/newer: \_\_\_\_\_

For Calendar Year: \_\_\_\_\_

#### ANNUAL OPTION

Number Owned: \_\_\_\_\_

Number Tested: \_\_\_\_\_

Number Passed: \_\_\_\_\_

Number 6yr old/newer: \_\_\_\_\_

For Calendar Year: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

I hereby declare by this report that all required vehicles owned by this agency have been tested and passed the required inspection and are in compliance for this reporting year and agree to retain the vehicle emissions inspection records for a period of not less than three (3) years and to make such records available to the Bureau of Automotive Repair or its representative(s) upon request.

Signature of RME \_\_\_\_\_ Date \_\_\_\_\_

**(See Instructions on Reverse Side)**

# INSTRUCTIONS

(Please Type or Print Clearly)

This document is also available, and interactive on our WEB Site:

**[www.smogcheck.ca.gov/](http://www.smogcheck.ca.gov/)**

- BAR FILE NUMBER:** Enter the "G" file number issued to your agency by the BAR. EXAMPLE: GA970000, GB910000, GF950000.
- AGENCY:** Enter your agency's administrative name (i.e., state of, county of, city of, etc. for local government. For federal agencies enter the departmental level, i.e., Department of Commerce, Department of Justice, General Services Administration, etc.).
- DEPARTMENT:** Enter your agency's department name (i.e., police department, fire department, motor pool, general services, transportation, equipment, etc. for local government. For federal agencies enter department level, i.e., Bureau of Reclamation, Department of Air Force, National Park Service, etc.).
- DIVISION:** Enter the division name of your department, if applicable (i.e., water resources division, Los Angeles division, Port Mugu naval station, maintenance division, etc.).
- UNIT:** Enter the unit designation name of your department's division, if applicable (i.e., shop # 4, southern area branch office, heavy equipment center, etc.).
- BUSINESS ADDRESS:** Enter your agency's business address. Do not list a post office box for the address.
- RME:** Enter the name of the person designated as the agency's RME (Responsible Managing Employee).
- TELEPHONE:** Enter the telephone number for the RME.
- AFFECTED VEHICLES:** Enter the total number of affected vehicles that your agency owns or operates. This box should include all vehicles to be smog tested in odd years, even years, and those vehicles six (6) yrs old and newer that do not require testing.
- Effective 2005, an "**Affected Vehicle**" is any passenger car, light and heavy duty vehicle, model year 1976 and newer and powered by gasoline and alternate fuels. Diesel powered vehicles are **NOT** included in the Smog Check Program.
- EXEMPT VEHICLES:** Effective 2005 the 1975 model year and older vehicles are out-of-the program. Do **NOT** include vehicles that are model years 1975 and older in Your Agency's Count of Affected Vehicles.
- Hybrid gas/electric vehicles are exempt from testing until January 1, 2010.
- Heavy duty vehicles over 14,000 lbs GVWR, powered by CNG, LNG and LPG are also **EXEMPT** from the Smog Check Program. Do **NOT** include these vehicles in your agency's affected vehicle count.
- REPORTING:** Complete the appropriate section of ODD VIN VEHICLES, EVEN VIN VEHICLES or the ANNUAL OPTION to reflect your agency's schedule for testing and reporting per the Letter of Response (79-19). Use the COMMENT section to record any information regarding vehicle count Problems, etc., such as 3 vehicles out of service for major engine repair - Emissions testing report(s) to follow prior to vehicle being returned to Service.

Sign and date the form, and return to the Bureau of Automotive Repair, Fleet Operations at the address of the front of the form.

**Remember that this form is required to be submitted prior to December 31, of every year.**